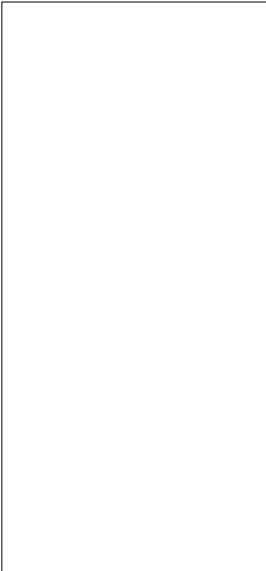




APPLICATION FOR PERSONAL APPEARANCE SERVICES

Isaac Regional Council is collecting the personal information on this form in accordance with the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. The personal information collected on this form will be used to record information for a Licence. Any personal information collected will be accessed by persons who are authorised to do so. Your information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information is handled in accordance with the *Information Privacy Act 2009*.



APPLICANT DETAILS

Please Note if applicant is a company, insert company name and ACN/ARBN.

Name			
Business Name			
ACN/ARBN			
Postal Address			
Phone		Mobile	
Email			

LOCATION DETAILS

Provide the address where the activity will take place. A separate application is required for each lot on plan.

Address			
Lot on Plan		<input type="checkbox"/> Fixed Premises	<input type="checkbox"/> Mobile Operator

TYPE OF PERSONAL APPEARANCE SERVICE

<input type="checkbox"/> Tattooing	<input type="checkbox"/> Scarring or Cutting
<input type="checkbox"/> Piercing (not including closed ear and nose piercing)	<input type="checkbox"/> Implanting

LOCAL GOVERNMENT APPROVAL DETAILS

Please insert your approval number for each approval type issued by Local Government.

Approval Type	Approval No.	Office Use Only
Building Approval		
Plumbing and Drainage Approval		
Development Approval		

Vehicle Details (if mobile operations)

Make/Model		Registration	
Description			

Version 3

Form No: PECS-095

Authorised by: Director Planning Environment and Community Services

Document Maintained by: Environmental Health

Next Review Date: 21.05.2018

ABN 39 274 142 600 PO Box 97 Moranbah QLD 4744 P 1300 472 227 F (07) 4941 8666 www.isaac.qld.gov.au

Isaac... helping to energise the world

INFECTION CONTROL QUALIFICATIONS

Please Note this section **MUST** be completed.

You must have achieved competency standard HLTIN2A – Maintain Infection Control Standards in Office Practice Settings.

List all qualified employees, course/s attended and attach documentation of their qualifications:

Name	Course Attended

Have any of the applicants been convicted for a breach of any Public Health Infection Control for Personal Appearance Act? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.

Yes (please attach details) No

Have any of the applicants previously held a licence under the Public Health Infection Control for Personal Appearance Act 2003 or a corresponding law that was suspended or cancelled? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.

Yes (please attach details) No

Have any of the applicants been refused a licence under Public Health Infection Control for Personal Appearance Act 2003 or a corresponding law? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.

Yes (please attach details) No

LODGEMENT

Please Note you must attach each of these items to your application (if applicable).

1. Two (2) copies of a Site Plan, drawn to scale not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses
2. Two (2) copies of a Floor Plan or Vehicle Plan (if mobile business), drawn to scale not less than 1:50, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises). Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, wash hand basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finishes used on equipment, fixtures, fittings, floors, walls and ceiling (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting)
3. Two (2) copies of a Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, equipment and fixtures, including fixtures, fittings and equipment within cool rooms/freezer rooms (if applicable)
4. Two (2) copies of a Hydraulic Plan (plumbing and drainage plan), drawn to scale not less than 1:50, showing the location of water and sewage pipes and connection types, tundishes and grease traps
5. Full explanation of selected box/s in the suitability of person to hold a licence section (if applicable)

Please Note this application and fee **MUST** be lodged not less than Twenty-one (21) days **PRIOR** to commencing business.

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DECLARATION

I enclose proof of payment of the prescribed annual fee

I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867

I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the Right to Information Act 2009 and the Evidence Act 1977

I understand that I may be liable for prosecution under the relevant Acts and Regulations if the information provided is known to me to be not true and correct at the time of supplying the information

Signature		Date	
Print Name			

PAYMENT METHODS

Credit Card Payment	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa Card			
Card Holder Name					
Card Number		Expiry Date		CCV	
Total Amount Owing	\$				

Or
In person by making your payment at any Council Office within the region from 8.30am to 5.00pm Monday to Friday using a range of payment options including cash, cheque, credit card or EFTPOS.

Once completed please send form and any attachments either:

In person at your local Isaac Regional Council Office or

records@isaac.qld.gov.au or

ISAAC REGIONAL COUNCIL,

PO BOX 97, MORANBAH QLD 4744

DEPARTMENT USE ONLY

Date Approval Letter Sent		Fees Received		
Receipt No.		Licence No.		
Processed by	Signature		Date	
	Print Name			

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